Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Pegaspargase - Extranodal Natural Killer/T-cell Lymphoma

(This form should be completed before the first dose is dispensed.)

1. Patient Profile

* Surname: .....
* Given Name: .....
* OHIN: ..... * Chart Number: .....
* Postal Code: .....
* Height (cm): ..... * Weight (kg): .....
* BSA (m^2): ..... * Gender: ○ Male ○ Female ○ Other
* Date of Birth: ....
  Day Month Year
* Site:
* Attending Physician (MRP- Most Responsible Physician): .....

Requested Prior Approval ☐ Yes * Patient on Clinical Trial ○ Yes ○ No

Other (specify): .....

Specify Arm:
○ Standard of care arm ○ Experimental arm
○ Blinded / Unknown

Prior Approval Request

* Select the appropriate prior approval scenario:

- ○ 1-Unknown primary (submit pathology report and clinic note)
- ○ 2-Clinical document review (identify the patient history that needs to be reviewed against eligibility criteria in Additional Comments below)
- ○ 3-Regimen modification - schedule (complete questions a and b)
- ○ 4-Regimen modification - drug substitutions (complete questions a and c)
- ○ 5-Withholding a drug in combination therapy from start of treatment (complete questions d, e and f)
- ○ 6-Maintenance therapy delay (submit clinic note)
- ○ 7-Prior systemic therapy clinical trials (complete question g)
- ○ 8-Modification due to supply interruption/drug shortage
- ○ Other (specify)

.....

All relevant supporting documentation must be submitted at the time of prior approval. Documentation may include a pathology report, clinic note, and/or CT scans.

a. Co-morbidities / toxicity / justification:

.....

b. Intended regimen schedule: .....

c. Intended regimen: .....

d. Drug(s) to be held: .....

e. Rationale for holding drug(s): .....

f. Intention to introduce drug at a later date? ☐ Yes

g. Prior clinical trial identifier (e.g., NCT ID, trial name) and treatment description (e.g., arm, drug/regimen): .....

h. Anticipated date of first treatment: ....
Day Month Year

i. Additional comments:

2. Eligibility Criteria

The patient must meet the following criteria:

Pegaspargase is used as part of a multi-agent chemotherapy regimen for the curative treatment of adult patients with extranodal natural killer/T-cell lymphoma (ENKTL). ☐ Yes

3. Baseline Information

a. ECOG Performance Status at the time of enrolment ○ 0 ○ 1 ○ 2

b. Chemotherapy regimen to be used with pegaspargase ○ DDGP ○ Modified SMILE ○ Other (prior approval required)

If 'other', please specify:

4. Funded Dose

Pegaspargase up to 2500 units/m^2 intravenously (IV) or by intramuscular (IM) injection once every cycle of multi-agent chemotherapy (e.g., DDGP or modified SMILE), up to a maximum of six total cycles.

[ST-QBP regimen codes: DDGP or SMILE(PEG)].

5. Notes

1. Pegaspargase will be reimbursed on a per vial basis.
2. Pegaspargase as part of upfront chemotherapy may be given concurrently or sequentially with radiation therapy based on the extent of disease at diagnosis.

Supporting Documents

None required at the time of enrolment.

In the event of an audit, the following should be available to document eligibility:

- Clinic notes documenting treatment history, and the pathology report(s) confirming the diagnosis.

Signature of Attending Physician (MRP-Most Responsible Physician):

Day	Month	Year

Form 900